

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16307**  
**4378**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>822 N Compton</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Owen</b> b. (Middle) _____ c. (Last) <b>Tyson</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 24 1953</b>			
<b>5. SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 18, 1901</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Scullin Steel Co.</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Tennessee</b>	
<b>13a. FATHER'S NAME</b> <b>Will Tyson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Katie</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Bertha Tyson</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>493-07-9537</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Bertha Tyson - 1014 Franklin</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Tuberculosis, Far Advanced</b> (b) <b>Undetermined</b> (c) _____ <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>002X</b>	
<b>22. I hereby certify that I attended the deceased from 3-25, 1953, to 4-24, 1953, that I last saw the deceased alive on 4-24, 1953, and that death occurred at 2:05p m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Edna E Brooks M.D.</b>			<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>			<b>24b. DATE</b> <b>4-29-53</b>		
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park</b>			<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>		
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>APR 28 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <b>1221 N. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.